

SEP 29 1927

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

24840

1. PLACE OF DEATH  
 County McDonald Registration District No. 1149  
 Township White Rock Primary Registration District No. 5697  
 City Juniata (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Barry Tolbert Arnett  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etiza

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>5</u>	<u>17</u>		

8. OCCUPATION OF DECEASED Farmer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rolla Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Nelson Tolbert  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Etiza Watson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

14. INFORMANT Mrs Fern Mapps  
 (Address) Juniata Mo

15. FILED 8/29 1927 Lee Corneil  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1927  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1927, to Aug 21 1927  
 that I last saw him alive on Aug 21 1927, and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Oesophagus  
H2A  
440 (duration) one yrs. one mos. one da.  
 CONTRIBUTORY (SECONDARY) one (duration) one yrs. one mos. one da.

18. WHERE WAS DISEASE CONTRACTED Don't know  
 IF NOT AT PLACE OF DEATH...  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Ec Ray  
 (Signed) O. J. John, M. D.  
 , 19 (Address) Pennell, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Juniata Mo DATE OF BURIAL August 1927

20. UNDERTAKER Wm Russell ADDRESS Juniata Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.





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